

ECS Configuration Change Request

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CCR No. 96-0928	Logged Date 8/8/96	Rev.	Request Type
Priority Routine <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Emergency <input type="checkbox"/>	Affected Release All	Change Class	
Title (description) Reallocation of X-terminals and X-terminal Servers			
Documents Affected Baseline Manager		Source Nos (RID, NCR, etc.) or Tech Reference	
RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem X-terminal Servers and terminals need to be reallocated to support restricted access policy and maintain active file of users.			
Proposed Solution See attached plan. Users are subject to change pending completed installation of new units, revised software needs, and Release level application changes.			
Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input checked="" type="checkbox"/> M&O <input checked="" type="checkbox"/> QA <input type="checkbox"/> Rel. A <input checked="" type="checkbox"/> Rel. B <input checked="" type="checkbox"/> Rel. IR1 <input type="checkbox"/> MRS <input checked="" type="checkbox"/> SMO <input checked="" type="checkbox"/> Subconts <input type="checkbox"/> Other <u>EDF Planning for staging area if needed. FOS decides permanent location.</u> Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000) Schedule: None <input checked="" type="checkbox"/> Other MSS Server is option to mini-EOC Additional LOC _____ Man-Months <u>1.0</u> Materials _____			
Originator <u>Jacob Eisenstein</u> _____ Signature _____ Date _____			
Office _____ Office Manager _____ Signature _____ Date _____			
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson _____ Signature _____ Date _____			

